

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101 584290

FILING DATE
6-23-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
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25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36						
37						
38						
39	2					
40	2					
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.		4		4		
TOTAL CLAIMS		48				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						